

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265737	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2020
NAME OF PROVIDER OF SUPPLIER LAURIE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 610 HIGHWAY O, P.O. BOX 1068 LAURIE, MO 65038	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, interview and record review, the facility staff failed to follow infection control protocols for COVID-19 when staff did not properly wear face masks while in the facility. The census was 66. Review of the Centers for Disease Control and Prevention (CDC) recommendation dated 5/21/20, showed in order to prevent the spread of COVID-19, facility staff are to ensure all healthcare personnel (HCP) wear a facemask or cloth face covering for source control while in the facility. Additional review of the CDC recommendation titled How to Wear Face Coverings Correctly dated 5/22/20, showed staff are to place it over their nose and mouth and secure it under their chin. 1. Observation on 05/27/20 at 10:03 A.M., showed the Director of Nursing's (DON) face mask did not cover his/her nose while he/she was in a resident care area. Observation on 05/27/20 at 10:27 A.M., showed Certified Medical Technician (CMT) A wore his/her mask incorrectly while leaving a resident's room. He/She did not properly place the face mask over both mouth and nose to ensure infectious agents could not be transmitted. Observation on 05/27/20 at 10:47 A.M., showed Licensed Practical Nurse (LPN) B wore his/her mask incorrectly while in residential areas. He/She did not properly place the face mask over both mouth and nose to ensure infectious agents could not be transmitted. Observation on 05/27/20 at 11:08 A.M., showed CMT A continued to wear his/her mask incorrectly. He/she did not properly place the face mask over both mouth and nose to ensure infectious agents could not be transmitted. Observation on 05/27/20 at 11:23 A.M., showed LPN B continued to wear his/her mask around his/her neck. He/She did not properly place the face mask over his/her mouth while in residential areas. 2. During an interview on 05/27/20 at 10:50 A.M., LPN C said staff should wear a mask at all times except in the break room or outside. He/She said the face mask should cover the nose and the mouth. During an interview on 05/27/20 at 11:09 A.M., the administrator said staff are to wear a mask at all times and the mask should cover the nose and the mouth.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.